



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Centers for Disease Control and Prevention  
**INTER/INTRA-AGENCY AGREEMENT (IAA)**  
Payable Agreements (CDC is Procuring Agency)



1. CDC IAA #: (10 to 13 digits) 00FED05404- <del>1A</del> 15	2. PARTICIPATING AGENCY IAA #: CPSC-IAG-01-1163	3. TYPE OF AGREEMENT <input type="checkbox"/> New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Administrative Modification Number:					
4. TITLE OF PROJECT: NEISS Special Motor Vehicle Injury Study							
5. DESCRIPTION OF WORK: (Please attach) See attached		6. AMOUNT: (Not to exceed without written modification) \$ 221,000.00					
7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission 4330 East West Highway, Room 604H Bethesda, Maryland 20814-3724		LIAISON NAME: Art McDonald PHONE #: (301) 504-7920 EMAIL ADDRESS: amcdonal@cpsc.gov FAX #: (301) 504-0038					
8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: National Center for Injury Prevention and Control 4770 Buford Highway NE, MS K63 Atlanta, Georgia 30341-3724		LIAISON NAME: Chester L. Pogostin PHONE #: (770) 488-4805 EMAIL ADDRESS: clp3@cdc.gov FAX #: (770) 488-1665					
9. PROJECT PERIOD: from: 08/15/2003 through: 08/14/2004		FUNDING PERIOD: from: 08/15/2003 through: 9/30/2003 08/14/2004					
10. CDC AUTHORITY: <input checked="" type="checkbox"/> Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14) <input checked="" type="checkbox"/> Other (Please specify) CDC DUNS # 927645465 CPSC DUNS # 178771713							
11. PARTICIPATING AGENCY AUTHORITY:							
12. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC internal form 6012 - modified Document History Record)		APPROPRIATION NUMBER: 7530943 ✓					
T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC. REF. (For Accounting Use Only)	DOC. NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	O.C. (4 digits) (Required)	ALLOWANCE (5 digits) (For Budget Use Only)	\$ AMOUNT
050	03	214	00FED-05404	3921 1970	25.13	3-11817-00	\$121,000.00
050	03	214	00FED-05404	3921 3353	25.13	3-1X717-00	\$100,000.00
✓	✓	✓	✓	✓	✓	✓	
The \$121K is on the current DZIP 25/4/13 The \$100K is on the current RDF workbook							
6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print) Chester L. Pogostin, DVM, MPA Deputy Director, OSP National Center for Injury Prevention and Control (Should not be the same as Block #18)						FMO BUDGET ANALYST SIGNATURE: ADMINISTRATIVE APPROVAL SIGNATURE: 	



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CDC IAA #: 00FED05404-~~14~~ 15

13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

- ☒ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:  
**DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.**

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

*(Please include name, telephone number, and email address of contact person.)*

Name:	Telephone #:	Email:
Linda Murr	(301) 504-7659	lmurr@cpsc.gov

16. ☒ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.

☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: Sue Binder, MD

Title: Director, National Center for Injury Prevention and Control

Email address: SBinder@cdc.gov

Signature: 

Date: 8/8/03

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton

Title: Contracting Officer, US Consumer Product No Safety

Email address: DHutton@cpsc.gov

Signature: 

Date: 8/5/03

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN  
THE CONSUMER PRODUCT SAFETY COMMISSION (CPSC)  
AND  
THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)  
( 00FED05404-15)**

This document sets forth the terms of agreement for services, supplies, and/or material between the U.S. Consumer Product Safety Commission (CPSC) and the Department of Health and Human Services (DHHS), Centers for Disease Control and Prevention (CDC).

This document serves as an addendum to the Interagency Agreement (number 00FED05404-01) between the Centers for Disease Control and Prevention and the U.S. Consumer Product Safety Commission covering the expansion of the National Electronic Injury Surveillance System (NEISS) All Injury Program (AIP) to collect data on all injuries.

## **I. Background and Purpose**

Motor vehicle injuries are the leading cause of death in the U.S. for people aged 1-34. In 2000, more than 40,000 people died as a result of motor vehicle-related injuries. In addition, motor vehicle injuries account for millions of emergency room visits annually, with many victims suffering permanent disabilities. Our goal at the National Center for Injury Prevention and Control, Motor Vehicle Injury Prevention Team is to reduce these deaths and disabilities. A recent priority-setting process revealed several gaps in our knowledge of motor vehicle safety that could be filled with enhancements to the NEISS All Injury Program data collection system.

The purpose of this two-phased study is to address identified gaps in our knowledge of the injury burden motor vehicle crashes place on the population. Specific objectives include (1) identifying the full impact of non-fatal motor vehicle-related injuries by characterizing the nature and body region of primary and secondary injuries, and (2) exploring the relationship between type of child restraint used and the nature and body region(s) of sustained injury(ies).

## **II. Methods**

The NCIPC proposes to conduct a special two-phased study. For phase 1, additional information on all motor vehicle-related occupant injuries will be collected. This information will be prompted by a special data screen. Phase 2 will consist of a telephone follow back survey of parents of children injured in a motor vehicle crash. A pilot study for each of these phases has already been conducted. The pilot for Phase 1 (all occupants) was conducted in 2002. A sample of 50 cases from 5 hospitals (10 cases each) was used for the pilot study. The pilot for Phase 2 (children ages 0-12 years) was also conducted in 2002 and included 9 telephone interviews with parents of young children non-fatally injured in a crash and treated at an emergency department (ED). The pilot studies were done retrospectively with known cases. The purpose of the pilots was to assess the feasibility of collecting the desired additional information. The structure of the proposed study is diagramed in Appendix A.

**Phase 1.** The Occupant phase of the study will be done with a special screen inserted into the NEISS All Injury Program data collection process, as is currently being done with other CPSC special studies. The screen will be triggered by the product code 1901 that captures motor vehicle occupants. This phase of the study is designed to identify injury from common types of passenger vehicles including cars, trucks, SUVs, vans, etc. involved in traffic and nontraffic crashes. Since the current NEISS All Injury Program data collection system records only the most severe injury and body part affected, this special screen will add all other injury diagnoses (up to a limit of 5) and the corresponding body parts affected, restraint use and blood alcohol concentration information when available in the chart. See Appendix B for special screen variables. **Results of the pilot study demonstrated that 72% of cases had more than one injury.**

**Phase 2.** The Child phase of the study is an extension of the Occupant phase for children ages 0-12 years. This follow-back survey is similar to the occupational studies funded by NIOSH and conducted by the CPSC in the past. All children ages 0-12 years at the time of their hospital visit and identified by the Occupant phase will be eligible for phase 2. An introductory letter will be sent to parents/caregivers requesting their participation in a follow back telephone interview regarding their child's injury and notifying them of the intention to call for an interview. A telephone interview consisting of three parts (interviewer identification and logistics, specific injury-related questions, and narrative statement/free text) will be conducted. The logistics section will be similar to follow-back studies done in the past, the question section will ask 10 structured questions of interest, the narrative statement/free text section will give the interviewee a chance to tell their story of the event as they desire. See Appendix C for a listing of the structured questions. **Results from the pilot study demonstrated that most interviewees are willing to talk about the crash that injured their child, report restraint use or nonuse, and may have trouble estimating the height of their child.**

- A. **Sample of hospitals:** three hospitals from each of the small, medium, large, very large, and children's hospitals strata will participate in the studies. CPSC will identify hospitals that are able and willing to participate in the studies. It is estimated that the 15 hospitals will generate approximately 24,000 NEISS AIP cases for the Occupant phase of the study.

It is estimated that approximately 5000 children (out of the 24,000 above) will be eligible for the Child phase of the study. Every 5<sup>th</sup> child's household will be contacted and interviewed for a total of 1,000 completed interviews.

**B. Case definitions:**

1. Motor Vehicle Occupant

Identified as product code 1901 (motor vehicle occupant), and sustained an injury.

An injury is defined as a condition treated in the emergency room which is the result of contact with external forces: mechanical energy, chemicals and poisons,

temperature extremes, electricity, radiation, as well as self harm and interpersonal violence. Injuries typically involve a single, instantaneous event such as a stab, cut, fracture, sprain, puncture, etc. Pain only is not considered an eligible injury.

2. Child Occupant

Identified as product code 1901 and age 0-12 years and sustained an injury (see above for injury definition). Pain only is not considered an eligible injury.

C. Data collection:

1. Occupant phase of the study

ED records will be reviewed by usual hospital coders and data will be abstracted to complete the items described in Appendix B.

2. Child phase of the study

Telephone interviews will be conducted by trained interviewers chosen by CPSC to supplement the information gathered from the Occupant special screen data collection. No more than 9 investigations will be conducted under this agreement until NCIPC receives OMB clearance for the survey.

The parties agree that the identity of any individual or person treating the individual obtained from the NEISS system will not be included in any reports or public information without the consent of the person or entity identified.

III. DURATION OF AGREEMENT

This agreement is approved from the date of signature for both agencies through a period of one year.

IV. ESTIMATED COSTS

To conduct the two phases of this special study, one on motor vehicle occupants done as a special data screen, and one telephone follow back survey of parents of injured children: \$25,000 administrative costs; \$96,000 for 24,000 NEISS AIP cases; \$100,000 for 1,000 telephone interviews. Total estimated costs: \$221,000.

V. FUNDING

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the fiscal year in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the

end of the fiscal year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be provided to the address cited below (in paragraph VI).

## **VI. ACCOUNTING AND BILLING INFORMATION**

Funds for this project for FY2003 in the amount not to exceed \$ 221,000.00 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
DUNS number	92764565	178771713
Appropriation	7590943	03 PS EXOB 4310 11179 252e
CAN	3921 1970	
Object Class	25.38	
Amount	\$221,000.00	\$221,000.00
EIN No.	58-6051157	52-0978750

When billing CDC through the OPAC system, CPSC will reference agreement number: 00FED05404-15.

When funds are provided to the performing agency in advance of services being performed or goods being delivered, the performing agency is required to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. These statements are also provided to the address below:

CDC, FMO  
Attn: OPAC Desk  
1600 Clifton Road, MS D-06  
Atlanta, GA 30333

## **VII. EQUIPMENT**

There is no equipment to be covered under this agreement.

## **VIII. TRAVEL**

No travel costs are associated with this Interagency Agreement.

**IX. CONFLICT WITH EXISTING AGREEMENTS**

There is no duplication or conflict with existing agreements, policy, or statute.

**X. PROGRAM CONTACTS**

CDC: Ann Dellinger, Ph.D.  
NCIPC, DUIP (K63)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3714  
(770) 488-4811

CPSC: Art McDonald  
CPSC  
4330 East West Highway, Rm 604H  
Bethesda, MD 20814-4408  
(301) 504-7422

**XI. BUDGET CONTACTS**

CDC: Deborah Mathis  
NCIPC/OD (K62)  
4770 Buford Highway, NE  
Atlanta, Georgia 30341-3724  
(770) 488-4695

CPSC: Deborah P. Hodge  
Dir., Div. Of Financial Services, CPSC  
4330 East West Highway, Rm 522A  
Bethesda, MD 20814-4408  
(301) 504-7130

**XII. MODIFICATION AND CANCELLATION**

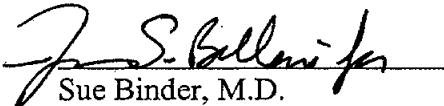
This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

**XIII. AUTHORITY**

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535) and the Consumer Product Safety Act.

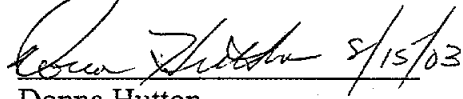
**XIV. APPROVALS**

For NCIPC:

  
Sue Binder, M.D.

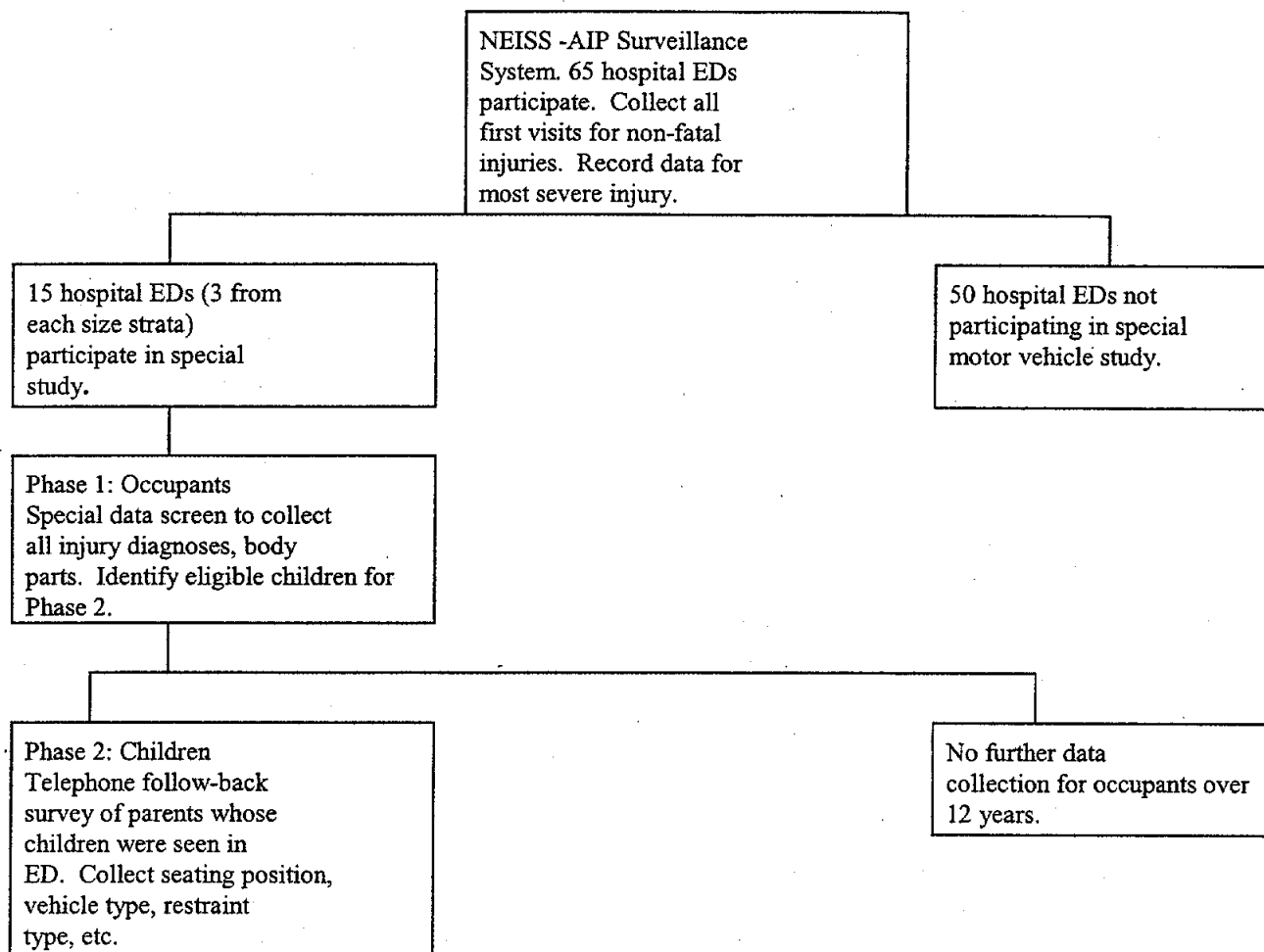
Assistant Surgeon General  
Director, National Center for Injury  
Prevention and Control

For CPSC:

 8/15/03  
Donna Hutton

Contracting Officer, CPSC  
4330 East West Highway  
Bethesda, Maryland 20814-4408

**Appendix A.**  
**Flowchart of Study Design**





**Appendix B**  
**Phase 1 Special Screen Variables**

Diagnosis for second injury, if present

*use standard diagnosis list*

Body part for second injury, if present

*use standard body part list*

Diagnosis for third injury, if present

*use standard diagnosis list*

Body part for third injury, if present

*use standard body part list*

Continue until all injuries and body parts have been entered—use upper limit of 5 total injuries.

Type of restraint used

*Seat belt, child safety seat infant (rear facing), child safety seat convertible/toddler (forward facing), booster seat.*

Record blood alcohol concentration (BAC) in percent if obtained: 0.\_\_\_\_ %

**Appendix C**  
**Phase 2 Interview Questions**

Q1. Interviewee's relationship to the child.

Specify: \_\_\_\_\_

Q2. Were you in the vehicle during the accident that resulted in the hospital visit?

Yes

No

If no, how did you find out the circumstances of the accident? \_\_\_\_\_

*Prefer to have someone answer the interview questions that was present during the accident.*

Q3. Where was (child's name) seated in the vehicle during the accident?

Front seat center

Front seat passenger

Back seat driver's side

Back seat center

Back seat passenger's side

Third seat driver's side in van

Third seat center in van

Third seat passenger's side in van

Other, specify: \_\_\_\_\_

Q4. What type of vehicle was child riding in?

Make

Model

Year

Q5. What did your vehicle (see above for type of vehicle) hit? or what was your vehicle hit by?

type object, specify: \_\_\_\_\_

not hit, rollover accident \_\_\_\_\_

other type of incident, specify: \_\_\_\_\_

Q6. If your vehicle was hit, what part of your vehicle was hit?

Front

Back

Driver's side

Passenger's side

Q7. We know that children are not buckled up on every trip. Was (child's name) buckled up that day?

Not buckled up.

Buckled up.

Q8. If buckled up, what type of restraint?

Rear-facing infant seat

Forward-facing child safety seat

Booster seat

Lap and shoulder belt

Lap belt only

Q9. How tall is (child's name) in inches?

Q10. We are interested in finding out more about children's risk of injury in motor vehicle accidents. Please describe any part of the accident that you think is important for us to know about.